

BlueImpressions [STAY CONNECTED]

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FIND THIS ISSUE AND PAST ISSUES ONLINE AT WWW.CAREFIRST.COM/BLEIMPRESSIONS

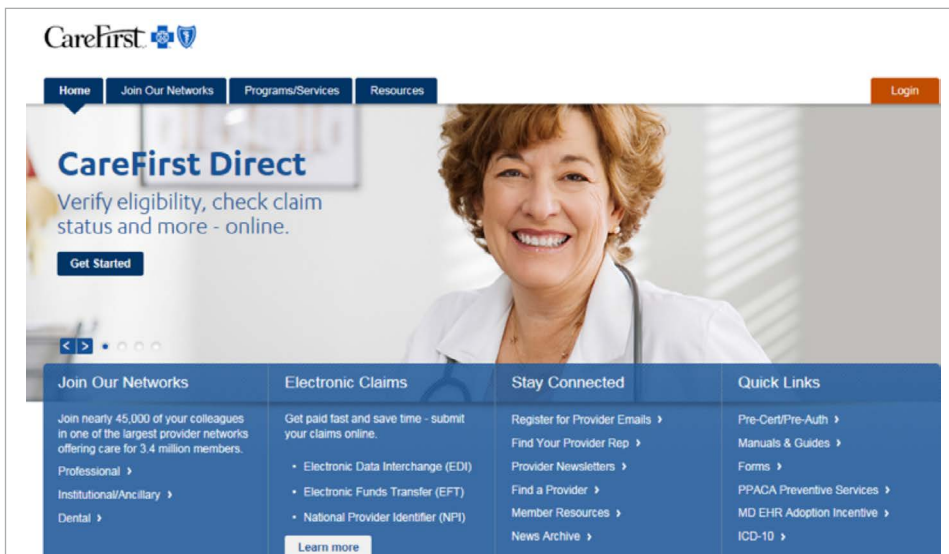
New Provider Website Design

As you may have noticed, we've redesigned our provider website with a fresh, new look and feel. Our new design gives you faster access to the information you need—in fewer clicks.

Some highlights include:

- Our new **Home** page offers Provider News, Quick Links and Features to get you directly to the information you use the most.
- Our new **Join Our Networks** tab includes a **Dental Credentialing** section to make it easier for new providers to complete the CareFirst credentialing process.
- Under the new **Programs/Services** tab, have added a dedicated **Dental** section with information on dental claims and forms.

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ALL THINGS DENTAL



In this issue's *All Things Dental*, Katherine Tana, a CareFirst Dental Provider Education Specialist, explains how using the Council for Affordable Quality Healthcare (CAQH) provider datasource could be a valuable resource.



Listen as Katherine tells how the [CAQH form](#) can help you and your staff streamline office duties. After listening, check out the [CAQH website](#) for more information.

Read past and future issues of *BlueImpressions* to hear us explain and/or highlight new dental programs and initiatives, as well as provide insight in how they can help you.

NEW PROVIDER WEBSITE DESIGN

(continued from page 1)

On the **Program/Services** tab, dental information is available in the Dental section.

■ The new **Resources** tab includes:

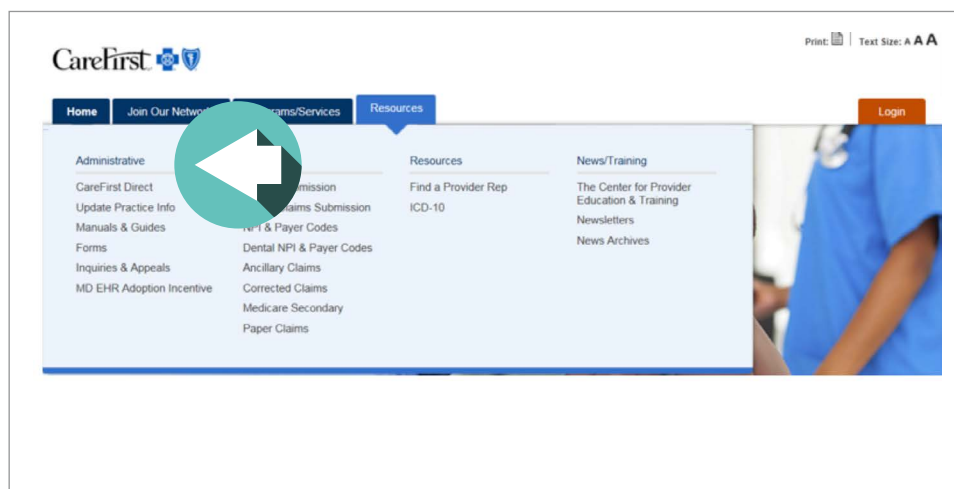
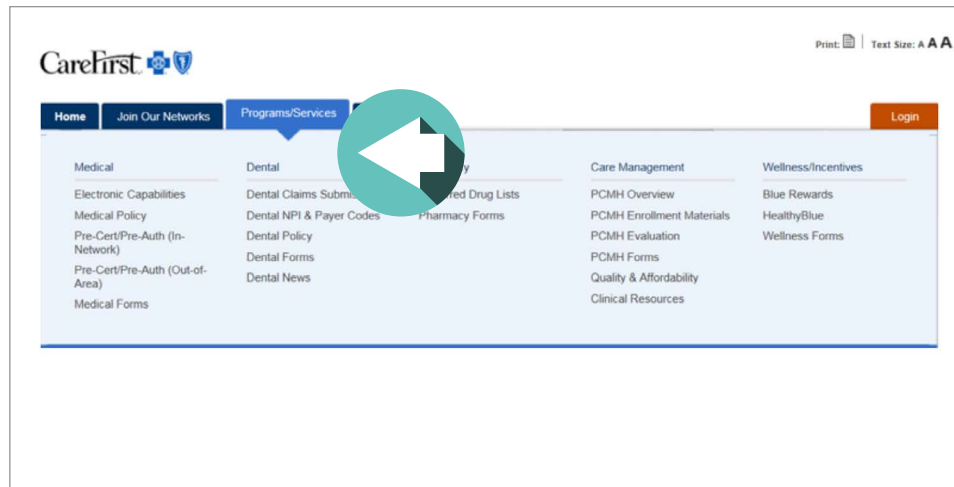
- Dental Provider Manual
- Dental Guides and Forms
- Dental Claims Information
- Dental Provider Specialist contact info
- The Center for Provider Education & Training
- *BlueImpressions* issues

On the **Resources** tab, your *Dental Provider Manual* and other dental guides and forms are all located in the **Administrative** section.

You can use the links in our [Dental Provider Link List](#) to get directly to the pages you use the most.

■ [CareFirst Direct](#) has also been updated with a new look and feel. And, you can login from every page by clicking the orange “Login” button.

If you have technical issues, contact our Help Desk at (877) 526-8390.



Stay Ahead of the Game: ACA Updates for 2015

Effective Jan. 1, 2015, new Affordable Care Act (ACA) requirements target and reduce the out-of-pocket maximums for stand-alone dental plans, thereby keeping families' pediatric dental care more affordable.

You can expect to see out-of-pocket maximums reduced to \$350 per child and to \$700 for two or more children under Maryland, the District of Columbia and Virginia plans.

Providers may use [CareFirst Direct](#) to verify both pediatric and stand-alone dental benefits.



WHAT'S HAPPENING

Impact of Periodontal Disease on General Health

Join us on Friday, March 6, 2015, for an informative presentation by [Robert J. Genco, DDS, Ph.D](#) on the Impact of Periodontal Disease on General Health. This presentation could have a significant impact on your practice and your patients' health.

Seminar attendees can learn more about:

- Current Understanding of Etiopathogenesis of Periodontal Disease
- Risk Factors for Periodontal Disease and Their Modification
- Periodontal Disease and Its Effects on Systemic Conditions
 - Diabetes
 - Atherosclerotic Disease
 - Respiratory Disease
 - Cancer
 - Adverse Pregnancy Outcomes

- Inter-professional Management of Patients with Periodontal Disease and Associated Systemic Diseases
 - Role of the Medical Team
 - Implications for Health Insurance Companies
 - Role of the Dental Team
 - Implications for Dental Practice

Mail or fax the [registration form](#) by **Feb. 20, 2015** to:

CareFirst BlueCross BlueShield
1501 S. Clinton St.
Baltimore, Md. 21224
Attn. Rosa Nagle
Mail Stop: CT09-09
Fax: 410-781-0070
Email:

DentalDepartmentFax@carefirst.com

For more information call Rosa Nagle at 410-605-2697.

2015 Fee Schedule Released

On Oct. 31, 2014, we notified participating dental providers of fee change changes effective for dates of service on or after Jan. 1, 2015.

For more information or questions, please contact your dedicated [Dental Provider Specialist](#).

Re-Credentialing Initiative

To keep CareFirst's provider records accurate, you may soon receive correspondence from VerifPoint, our dental credentialing vendor, requesting that you update your credentials. For providers who are filling out a new application, the form is available online at www.carefirst.com/dentalcredentialing.

Here are several tips to help make the process run smoothly:

- Please complete the form. If a section does not apply to your practice, indicate N/A in that area.
- All practitioners in the same practice should be credentialed.
- Include all required documentation (refer to [Required Documents for Dental Credentialing](#)) and confirm dated material is current and not due to expire within the next 30 days.
- Complete a [Dental Billing Authorization Form](#) for each practitioner in the office.

If you have any questions, our Dental Provider Contracting Team is happy to assist you. Contact them at (443) 921-0676 or email dentalcontracting@carefirst.com.

Date: Friday, March 6, 2015

Time: 8:30 a.m. to 4 p.m. Registration and Continental Breakfast from 7:30 a.m. to 8:30 a.m.

Location: CareFirst Conference Center, Canton Crossing, 1501 S. Clinton St., 17th Floor, Baltimore, Md. 21224

Fee: No charge to CareFirst network dentists; \$295 for out-of-network dentists. Cost includes breakfast, lunch, parking and Continuing Education certificate.

CE Credits: 6 CEU (AGD PACE)

Target Audience: Dentists, Dental Hygienists, Physicians and Nurses

Parking: Parking is available in the lot opposite the building. Please bring the issued parking ticket with you to the seminar for validation.



CareFirst BlueCross BlueShield is designated as an Approved PACE Program Provider by the Academy of General Dentistry. The formal continuing dental education programs of this program provider are accepted by the AGD for Fellowship, Mastership and membership maintenance credit. Approval does not imply acceptance by a state or provincial board of dentistry or AGD endorsement.

The current term of approval extends from 1/1/2014 to 12/31/2017. 333354

CODING CORNER

ADA CDT® Changes for 2015

Below are the new and deleted codes contained in ADA CDT® 2015. References are made to CareFirst's clinical policy and CareFirst's dental processing guidelines based on the American Dental Association current dental terminology (CDT®) and dental procedure codes.

New codes are effective in our systems Jan. 1, 2015. Changes this year include:

- 16 new procedure codes
- 5 deleted procedure codes
- 52 revised procedure codes

Deleted Codes

D6053, D6054, D6078, D6079, D6975

Note: Revised Procedure Codes.

CDT® codes that have had significant revisions in nomenclature and/or descriptors will be discussed in the next issue of *BlueImpressions*.

New Codes

ADA Code	Nomenclature	CareFirst Clinical Policy
D0171	Re-Evaluation - Post Operative Office Visit	CareFirst considers any post-operative visit to be inclusive to the procedure requiring the post-operative or follow-up visit.
D0351	3D Photographic Image	CareFirst will allow a benefit equal to D0350 provided the reason for the image is diagnostic and not to confirm or document a cosmetic result.
D1353	Sealant Repair - Per Tooth	CareFirst considers sealant repair inclusive to the sealant.
D6110	Implant/Abutment Supported Removable Denture For Edentulous Arch - Maxillary	This service is dentally necessary and appropriate when all other implant criteria are met and a conventional full denture would not otherwise be stable and or retentive. Such cases would be indicated when there is severe alveolar bone resorption, a significant osseous alveolar defect; a wide, flat palate or other documented condition which may adversely affect denture stability and function. Note: An alternate benefit may apply.
D6111	Implant/Abutment Supported Removable Denture For Edentulous Arch - Mandibular	This service is dentally necessary and appropriate when all other implant criteria are met and a conventional full denture would not otherwise be stable and or retentive. Such cases would be indicated when there is severe alveolar bone resorption, a significant osseous alveolar defect; or other documented condition which may adversely affect denture stability and function. Note: An alternate benefit may apply.
D6112	Implant/Abutment Supported Removable Denture For Partially Edentulous Arch - Maxillary	This service is dentally necessary and appropriate when all other implant criteria are met and a conventional removable partial denture would not have a favorable prognosis. The use of implants for retention of the prosthesis may not be cosmetic. Adjacent teeth must present with a minimum of 50% bone support and a good 5 year prognosis. Note: An alternate benefit may apply.
D6113	Implant/Abutment Supported Removable Denture For Partially Edentulous Arch - Mandibular	This service is dentally necessary and appropriate when all other implant criteria are met and a conventional removable partial denture would not have a favorable prognosis. The use of implants for retention of the prosthesis may not be cosmetic. Adjacent teeth must present with a minimum of 50% bone support and a good 5 year prognosis. Note: An alternate benefit may apply.
D6114	Implant/Abutment Supported Fixed Denture For Edentulous Arch - Maxillary	This service is dentally necessary and appropriate when a removable appliance is contra-indicated. In most cases, a fixed prosthesis will be considered elective and unnecessary.
D6115	Implant/Abutment Supported Fixed Denture For Edentulous Arch - Mandibular	This service is dentally necessary and appropriate when a removable appliance is contra-indicated. In most cases, a fixed prosthesis will be considered elective and unnecessary.
D6116	Implant/Abutment Supported Fixed Denture For Partially Edentulous Arch - Maxillary	This service is dentally necessary and appropriate when a removable appliance is contra-indicated. In most cases, a fixed prosthesis will be considered elective and unnecessary.

CODING CORNER

New Codes (continued)

ADA Code	Nomenclature	CareFirst Clinical Policy
D6117	Implant/Abutment Supported Fixed Denture For Partially Edentulous Arch - Mandibular	This service is dentally necessary and appropriate when a removable appliance is contra-indicated. In most cases, a fixed prosthesis will be considered elective and unnecessary.
D6549	Resin Retainer - For Resin Bonded Fixed Prosthesis	This service is necessary as a retainer for a resin bonded fixed appliance and considered equal to a metal retainer.
D9219	Evaluation For Deep Sedation Or General Anesthesia	This service is dentally necessary only when evaluating a patient for anesthesia related to a complex surgical procedure typically requiring sedation or general anesthesia for pain control and to safely manage the patient. If done as part of an examination or in conjunction with a consultation, DD9219 will be considered incidental to the consultation or the exam.
D9931	Cleaning And Inspection Of A Removable Appliance	Not a covered service.
D9986	Missed Appointment	Not a covered service.
D9987	Cancelled Appointment	Not a covered service.

Remember that...

Biologic materials are dentally necessary when the architecture of the defect requires materials in addition to bone graft and /or membrane placement to achieve a more successful regenerative outcome.

D3431 and **D4265** are considered incidental when a bone graft is placed in the same site, particularly when a membrane is used in conjunction with the bone graft (D3432 / D4266). Both of these services require Dental Director Review and additional supporting documentation to be submitted with the claim.

D3431	biologic materials to aid in soft and osseous tissue regeneration – periradicular surgery
D4265	biologic materials to aid in soft and osseous regeneration

We encourage our providers to use our [Reference Guide for Required Attachments](#) for more detailed information on CareFirst's clinical requirements.



CLAIMS AND BILLING

Appeals Process

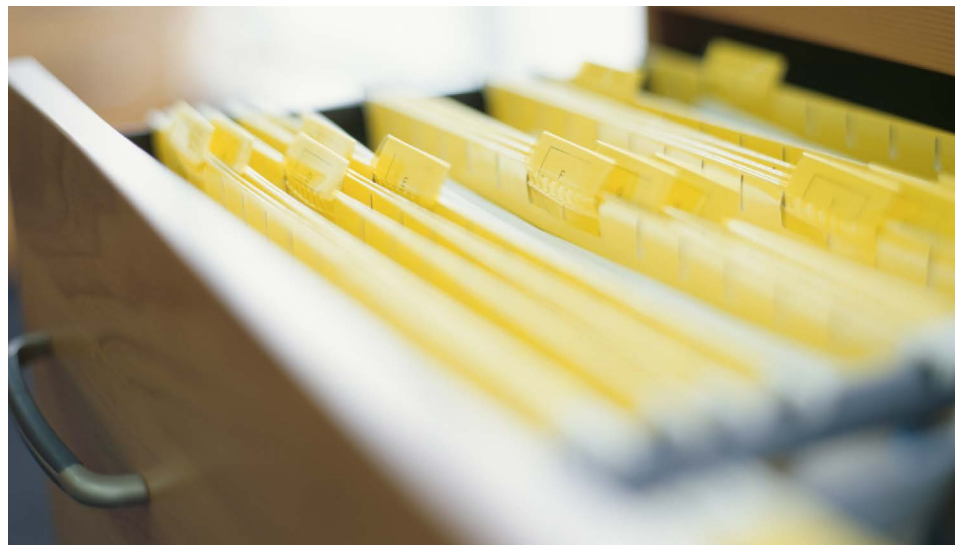
CareFirst aims to maintain a high standard of excellence when administering benefits for our members. Contractual guidelines and conditions can often result in adverse determinations, as written denials of requested services. CareFirst's priority is to ensure that our participating providers are properly equipped to submit an appeal for reconsideration.

What is an Appeal?

An appeal is a formal written request to the Plan for reconsideration of an adverse decision. Claim reimbursement is denied when services are determined to be cosmetic, experimental or investigational in nature, or not medically necessary based upon dental criteria or clinical guidelines. CareFirst also accepts appeals on denied services rendered by an out-of-network provider as well as denials based on frequency, maximum, or contractual exclusions.

Once the determination is made, a notice of adverse benefit decision is sent to the provider who rendered the services and to the member, along with the member's Explanation of Benefits (EOB). The notice offers both the rationale used to make the decision and the contact information of the dental consultant who reviewed the claim. Treating providers are welcome to contact the consultant indicated on the notice to discuss the adverse decision prior to filing an appeal. In cases of Prospective Review, the provider will be contacted within 24 hours of rendering the adverse decision on services described on the Pre-Treatment Estimate (PTE) and offer the opportunity to discuss.

After speaking with the consultant, if the treating providers disagree with the adverse decision, they may submit a written appeal to have services reconsidered. It is important to note that claims with additional new information



following an adverse decision are not considered to be an appeal. Appeals are reviewed by a dentist not involved with the initial denial determination. Treating dentists have 180 days from the date of the adverse decision to file a formal appeal.

Instructions for Filing an Appeal

Appeals should be written in letter format on office letterhead, and should describe the reason for the Appeal and the clinical justification and rationale. The appeal must also include the member's name, identification number, claim number and date of service. When submitting an appeal, providers should include pertinent information to our Clinical Appeals Unit (CAU).

Expedited or Emergency Appeals Process

You may request an Expedited Appeal after an adverse decision for pre-authorization of a service, admission, continued length of stay or awaiting service or treatment.

An Expedited Appeal occurs when a delay in receiving the health care service could seriously jeopardize the life or health of the member, the member's ability to function or cause the member to be a danger to self

or others. Providers will receive a response on an Expedited Appeal within 24 hours of the date of the appeal.

Appeals Contact Information

Mail Administrator
P.O. Box 14114
Lexington, Ky., 40512-4114

CareFirst's standard turnaround time for review of an appeal is 45 days from the date of its receipt; however, CareFirst makes a conscious effort to exceed that standard on all levels of appeals.

Holiday Closings

CareFirst, CareFirst BlueChoice and The Dental Network will be closed on the following dates:

Thursday and Friday, 12/25–12/26:
Holidays

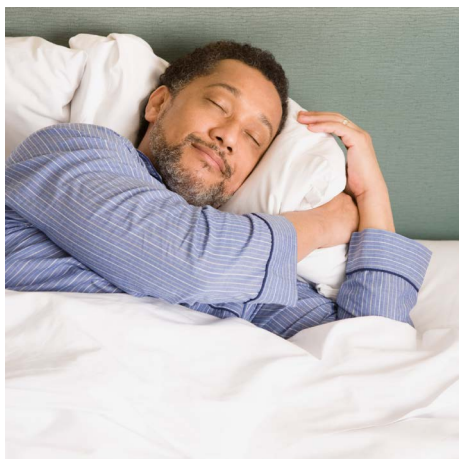
Wednesday, 12/31, 1/2 Day:
New Year's Eve

Thursday, 1/1: New Year's Day

Monday, 1/19:
Martin Luther King's Birthday

Monday, 2/16: Presidents Day

WHAT'S HAPPENING



Do You Treat Sleep Apnea? Join Our Medical Networks

If you are a dentist who currently treats patients who suffer with sleep apnea, read on. CareFirst medical plans may cover the treatment for dentists who use oral appliances to treat sleep apnea. The treatment of snoring is not a covered benefit.

CareFirst credentials dentists with training and experience in treating sleep apnea patients. Our credentialing guidelines include criteria similar to those of the American Board of Dental Sleep Medicine (ABDSM) and the American Academy of Dental Sleep Medicine (AADSM).

The credentialing criteria include attestation of:

- completion of 30 hours CE in sleep medicine within the past three years of which a minimum of 20 credits must be in dental sleep medicine;
- recommended maintenance of 6 hours CE in sleep medicine every 12 months which are ADA CERP, AGD PACE or AMA PRA category 1 recognized;
- successful treatment of 12 cases of sleep apnea using oral appliances within the past 12 months;
- a letter of recommendation from a sleep physician (Note: The sleep physician must be certified in sleep medicine by the ABDSM, a board member of the American Board of Medical Specialties (ABMS), or be an active medical director of a sleep center or laboratory accredited by the AADSM or The Joint Commission); current resume.

Membership in a recognized sleep organization is recommended.

CareFirst's medical participation agreement offers competitive reimbursement for the appliance and associated services. If you are interested in becoming credentialed in the CareFirst medical network and would like more information, please contact Nancy Fritz or send the bulleted information above to her at Nancy.Fritz@carefirst.com or fax to (410) 505-2328.

Clinical questions may be directed to
CareFirst Dental Director
Dr. Robert Laurenzano at (410) 528-7908
or Robert.Laurenzano@carefirst.com.

We've Been Busy. Have You Noticed?

In case you haven't noticed, we've been busy.

We've redesigned our website. We've also tinkered, adjusted and modified *BlueImpressions* with one purpose in mind: to make our dental newsletter a more enjoyable read for you. We added audio segments, more graphics, clear and precise articles, and a fresh feel to dear, old *BlueImpressions*.

Now it's your turn—tell us what you think of our efforts. Are we heading in the right direction? Can you see the difference? What do you think of the new provider site and *BlueImpressions*?

Email your comments to newsletter.editor@carefirst.com



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CareFirst 